

12 VAC 30-50-10. Services provided to the categorically needy with limitations.

The following services are provided with limitations as described in 12VAC30-50-100 et seq.:

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2. Outpatient hospital services.
3. Other laboratory and x-ray services; non-emergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, and Positron Emission Tomography (PET) scans require prior authorization.
4. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
54. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with §4231 of the State Medicaid Manual (HCFA Pub. 45-4).
65. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.
76. Family planning services and supplies for individuals of child-bearing age.
87. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

98. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).

109. Medical care or any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law: podiatrists, optometrists and other practitioners.

1140. Home health services: intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area; home health aide services provided by a home health agency; and medical supplies, equipment, and appliances suitable for use in the home; physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

1244. Clinic services.

1342. Dental services.

1413. Physical therapy and related services, including occupational therapy and services for individuals with speech, hearing, and language disorders (provided by or under supervision of a speech pathologist or audiologist).

1514. Prescribed drugs, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

1645. Other rehabilitative services, screening services, preventive services.

1746. Reserved.

1847. Nurse-midwife services.

1948. Case management services as defined in, and to the group specified in, 12VAC30-50-95 et seq. (in accordance with §1905(a)(19) or §1915(g) of the Act).

2019. Extended services to pregnant women: pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls (see 12VAC30-50-510). (Note: Additional coverage beyond limitations.)

2120. Pediatric or family nurse practitioners' service.

2224. Any other medical care and any other type of remedial care recognized by state law, specified by the Secretary: transportation.

2322. Program of All-Inclusive Care for the Elderly (PACE) services as described and limited in Supplement 6 to Attachment 3.1-A (12VAC30-50-320).

12VAC 30-50-20. Services Provided to the Categorically Needy Without Limitation.

The following services are provided to the categorically needy without limitation:

1. ~~Other laboratory and x-ray services.~~
2. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- ~~23.~~ 23. Services for individuals age 65 or over in institutions for mental diseases: inpatient hospital services; skilled nursing facility services; and services in an intermediate care facility.
- ~~34.~~ 34. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with §1902(a)(31)(A) of the Act, to be in need of such care, including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.
- ~~45.~~ 45. Hospice care (in accordance with §1905(o) of the Act).
- ~~56.~~ 56. Any other medical care and any type of remedial care recognized under state law, specified by the Secretary: care and services provided in religious nonmedical health care institutions; nursing facility services for patients under 21 years of age; emergency hospital services.
- ~~67.~~ 67. Private health insurance premiums, coinsurance and deductibles when cost effective (pursuant to P.L. 101-508 §4402).

12VAC30-50-50. Services provided to the medically needy with limitations.

1. Inpatient hospital services other than those provided in an institution for mental diseases.
2. Outpatient hospital services.
3. Other laboratory and x-ray services; non-emergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) scans, and Positron Emission Tomography (PET) scans require prior authorization.
4. Rural health clinic services and other ambulatory services furnished by a rural health clinic.
- ~~5~~4. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with §4231 of the State Medicaid Manual (HCFA Pub. 45-4).
- ~~6~~5. Family planning services and supplies for individuals of childbearing age.
- ~~7~~6. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.
- ~~8~~7. Medical and surgical services furnished by a dentist (in accordance with §1905(a)(5)(B) of the Act).

98. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by state law, including:

a. Podiatrists' services;

b. Optometrists' services; and

c. Other practitioners' services.

109. Home health services' medical supplies, equipment, and appliances suitable for use in the home; intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area; home health aide services provided by a home health agency; physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

1140. Clinic services.

1244. Dental services.

1342. Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

1413. Prescribed drugs, prosthetic devices, and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

1514. Rehabilitative services.

1615. Nurse-midwife services.

1716. Case management services as defined in, and to the group specified in, 12VAC30-50-410 (in accordance with §1905(a)(19) or §1915(g) of the Act).

1817. Extended services for pregnant women including pregnancy-related and post-partum services for 60 days after the pregnancy ends.

1918. Certified pediatric or family nurse practitioners' services.

2019. Any other medical care and any other type of remedial care recognized under state law, specified by the secretary, specifically transportation.

12VAC 30-50-60. Services Provided to All Medically Needy Groups Without Limitation.

~~1. Other laboratory and x-ray services.~~

~~2. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.~~

~~3. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found.~~

~~4. Reserved.~~

~~5. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with §1905(a)(4)(A) of the Act to be in need of such care.~~

~~6. Hospice care (in accordance with §1905(o) of the Act).~~

~~7. Any other medical care or any other type of remedial care recognized under state law, specified by the secretary, including: care and services provided in religious nonmedical health care institutions; skilled nursing facility services for patients under 21 years of age; and emergency hospital services.~~

~~8. Private health insurance premiums, coinsurance and deductibles when cost effective (pursuant to P.L. 101-508 §4402).~~

12VAC 30-50-120. Other Laboratory and X-Ray Services.

A. Service must be ordered or prescribed and directed or performed within the scope of a license of the practitioner of the healing arts.

B. Prior authorization is required for the following non-emergency outpatient procedures: Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) Scans, and Positron Emission Tomography (PET) Scans. The referring physician ordering the scan must obtain the prior authorization in order for the servicing provider to be reimbursed for the scan. Non-emergency outpatient MRI, CAT and PET scans that are not authorized will not be covered or reimbursed by the Department of Medical Assistance Services (DMAS).

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 10 of 15

12VAC 30-50-140. Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

A. Elective surgery as defined by the Program is surgery that is not medically necessary to restore or materially improve a body function.

B. Cosmetic surgical procedures are not covered unless performed for physiological reasons and require Program prior approval.

C. Routine physicals and immunizations are not covered except when the services are provided under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program and when a well-child examination is performed in a private physician's office for a foster child of the local social services department on specific referral from those departments.

D. Outpatient psychiatric services.

1. Psychiatric services are limited to an initial availability of 26 sessions, with one possible extension (subject to DMAS' approval) of 26 sessions during the first year of treatment. The availability is further restricted to no more than 26 sessions each succeeding year when approved by DMAS. Psychiatric services are further restricted to no more than three sessions in any given seven-day period. Consistent with §6403 of the Omnibus Budget Reconciliation Act of 1989, medically necessary psychiatric services shall be covered when prior authorized by DMAS for individuals younger than 21 years of age when the need for such services has been identified in an EPSDT screening.

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 11 of 15

2. Psychiatric services can be provided by psychiatrists or by a licensed clinical social worker, licensed professional counselor, or licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist.*

3. Psychological and psychiatric services shall be medically prescribed treatment which is directly and specifically related to an active written plan designed and signature-dated by either a psychiatrist or by a licensed clinical social worker, licensed professional counselor, or licensed clinical nurse specialist-psychiatric under the direct supervision of a psychiatrist.*

4. Psychological or psychiatric services shall be considered appropriate when an individual meets the following criteria:

a. Requires treatment in order to sustain behavioral or emotional gains or to restore cognitive functional levels which have been impaired;

b. Exhibits deficits in peer relations, dealing with authority; is hyperactive; has poor impulse control; is clinically depressed or demonstrates other dysfunctional clinical symptoms having an adverse impact on attention and concentration, ability to learn, or ability to participate in employment, educational, or social activities;

c. Is at risk for developing or requires treatment for maladaptive coping strategies; and

d. Presents a reduction in individual adaptive and coping mechanisms or demonstrates extreme increase in personal distress.

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 12 of 15

5. Psychological or psychiatric services may be provided in an office or a mental health clinic.

E. Any procedure considered experimental is not covered.

F. Reimbursement for induced abortions is provided in only those cases in which there would be a substantial endangerment of health or life to the mother if the fetus was carried to term.

G. Physician visits to inpatient hospital patients over the age of 21 are limited to a maximum of 21 days per admission within 60 days for the same or similar diagnoses or treatment plan and is further restricted to medically necessary authorized (for enrolled providers)/approved (for nonenrolled providers) inpatient hospital days as determined by the Program.

EXCEPTION: SPECIAL PROVISIONS FOR ELIGIBLE INDIVIDUALS UNDER 21 YEARS OF AGE: Consistent with 42 CFR 441.57, payment of medical assistance services shall be made on behalf of individuals under 21 years of age, who are Medicaid eligible, for medically necessary stays in general hospitals and freestanding psychiatric facilities in excess of 21 days per admission when such services are rendered for the purpose of diagnosis and treatment of health conditions identified through a physical examination. Payments for physician visits for inpatient days shall be limited to medically necessary inpatient hospital days.

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 13 of 15

H. (Reserved.)

I. Reimbursement shall not be provided for physician services provided to recipients in the inpatient setting whenever the facility is denied reimbursement.

J. (Reserved.)

K. For the purposes of organ transplantation, all similarly situated individuals will be treated alike. Transplant services for kidneys, corneas, hearts, lungs, and livers shall be covered for all eligible persons. High dose chemotherapy and bone marrow/stem cell transplantation shall be covered for all eligible persons with a diagnosis of lymphoma, breast cancer, leukemia, or myeloma. Transplant services for any other medically necessary transplantation procedures that are determined to not be experimental or investigational shall be limited to children (under 21 years of age). Kidney, liver, heart, and bone marrow/stem cell transplants and any other medically necessary transplantation procedures that are determined to not be experimental or investigational require preauthorization by DMAS. Cornea transplants do not require preauthorization. The patient must be considered acceptable for coverage and treatment. The treating facility and transplant staff must be recognized as being capable of providing high quality care in the performance of the requested transplant. Standards for coverage of organ transplant services are in 12VAC30-50-540 through 12VAC30-50-580.

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 14 of 15

L. Breast reconstruction/prostheses following mastectomy and breast reduction.

1. If prior authorized, breast reconstruction surgery and prostheses may be covered following the medically necessary complete or partial removal of a breast for any medical reason. Breast reductions shall be covered, if prior authorized, for all medically necessary indications. Such procedures shall be considered noncosmetic.

2. Breast reconstruction or enhancements for cosmetic reasons shall not be covered. Cosmetic reasons shall be defined as those which are not medically indicated or are intended solely to preserve, restore, confer, or enhance the aesthetic appearance of the breast.

M. Admitting physicians shall comply with the requirements for coverage of out-of-state inpatient hospital services. Inpatient hospital services provided out of state to a Medicaid recipient who is a resident of the Commonwealth of Virginia shall only be reimbursed under at least one the following conditions. It shall be the responsibility of the hospital, when requesting prior authorization for the admission, to demonstrate that one of the following conditions exists in order to obtain authorization. Services provided out of state for circumstances other than these specified reasons shall not be covered.

1. The medical services must be needed because of a medical emergency;
2. Medical services must be needed and the recipient's health would be endangered if he were required to travel to his state of residence;

DEPT. OF MEDICAL ASSISTANCE SERVICES

Physician's Services Whether Furnished in the Office, the Patient's Home, a Hospital, a Skilled Nursing Facility or Elsewhere.

12 VAC 30-50-140

Page 15 of 15

3. The state determines, on the basis of medical advice, that the needed medical services, or necessary supplementary resources, are more readily available in the other state;

4. It is general practice for recipients in a particular locality to use medical resources in another state.

L. In compliance with 42 CFR 441.200, Subparts E and F, claims for hospitalization in which sterilization, hysterectomy or abortion procedures were performed shall be subject to review of the required DMAS forms corresponding to the procedures. The claims shall suspend for manual review by DMAS. If the forms are not properly completed or not attached to the bill, the claim will be denied or reduced according to DMAS policy.

*Licensed clinical social workers, licensed professional counselors, and licensed clinical nurse specialists-psychiatric may also directly enroll or be supervised by psychologists as provided for in 12VAC30-50-150.

M. The referring physician ordering non-emergency outpatient Magnetic Resonance Imaging (MRI), Computer Axial Tomography (CAT) Scans, and Positron Emission Tomography (PET) Scans must obtain prior authorization from the Department of Medical Assistance Services (DMAS) for those scans. The servicing provider will not be reimbursed for the scan unless proper prior authorization is obtained from DMAS by the referring physician.